

1915(I) MONTHLY PROVIDER & INDIVIDUAL ENROLLMENT REPORT

Provider Enrollment	11/1/21	12/1/21	1/1/2022	2/1/2022	3/1/2022	4/1/2022	5/1/2022	6/1/2022		
Enrolled Group Providers	24	25	25	25	28	28	28	30		
Enrolled Individual Providers	80	83	76	80	82	85	97	100		
In-Process Group Provider Applications	1	0	0	0	2	4	2	3		
In-Process Individual Provider Applications	4	13	9	4	8	9	10	20		
Pending Group Provider Applications	4	8	8	6	4	5	7	6		
Pending Individual Provider Applications	6	11	6	8	10	15	17	16		
Incomplete Group Provider Applications	3	5	4	4	3	4	4	4		
Incomplete Individual Provider Applications	4	4	2	1	1	0	3	4		
Individual Enrollment										
Total Individuals Enrolled	37	40	44	47	70	110	163	192		
<i>Under 18</i>							17	16		
<i>Age 18+</i>							146	176		
<i>Enrolled- Care Coordination Pre-Authorized</i>	11	12	11	18	22	33	40	49		
<i>Enrolled- Care Coordination Not Pre-Authorized</i>	26	28	33	29	48	77	123	143		
Total Individuals Ineligible	21	22	36	48	51	56	60	65		
<i>Ineligible- No Medicaid</i>	1	1	2	2	3	3	3	4		
<i>Ineligible- No Qualifying Diagnosis</i>	8	8	8	8	8	8	9	9		
<i>Ineligible- No Qualifying WHODAS*</i>	9	10	22	33	35	35	36	37		
<i>Ineligible- Setting does not meet HCBS Rule</i>							1	1		
<i>Ineligible- Over 150% of Federal Poverty Level</i>	3	3	4	5	5	10	10	10		
Enrolled, Then Closed**	6	6	7	5	6	10	17	24		
Pending Applicants	10	1	4	4	4	3	4	4		
Ineligible Individuals Assisted to Become Eligible	3	3	3	6	10	10	10	10		

* Due to improper administration or disqualifying score; follow up/navigation efforts not successful

** Due to individual choice or no longer meeting eligibility criteria

NUMBER OF INDIVIDUALS RECEIVING 1915(i) SERVICES EACH MONTH*														
	Feb 21	Mar 21	Apr 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Care Coordination	0	0	0	1	1	1	1	5	10	10	10	13	18	26
Peer Support	0	0	0	0	0	0	0	0	0	1	1	1	2	3
Family Peer Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing Support	0	0	0	0	0	0	0	0	0	1	3	3	1	2
Supported Education	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Pre Vocational Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supported Employment	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Training/Support Unpaid Caregivers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Transportation	0	0	0	0	0	0	0	0	0	0	3	3	2	4
Benefits Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*This report is 2 months behind so as to include information on claims billed for individuals enrolled in both Traditional Medicaid and Medicaid Expansion